

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor: :
Yoshihiro MUSHIKA :
: :
Conf. No.: 4621 : Group Art Unit: 2877
: :
Appln. No.: 10/512,408 : Examiner: Hwa S. Lee
: :
Filing Date: October 21, 2004 : Attorney Docket No.: 10407-115US
: (A3115MT-US1)
Title: OPTICAL SENSOR

AMENDMENT TRANSMITTAL LETTER

Transmitted herewith is an Amendment in the above-identified application.

The additional claim fees have been calculated as follows:

| | | | | | SMALL ENTITY | | LARGE ENTITY | |
|--|---|-----|---------------------------------------|------------------|--------------|------------|--------------|---------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDIT. FEE | RATE | ADDIT. FEE |
| TOTAL | 21 | (-) | 22 | 0 | x25 | | x50 | |
| INDEP. | 6 | (-) | 3 | 3 | x100 | | x200 | 600 |
| 11 1st PRESENTATION OF MULTIPLE DEPENDENT CLAIMS | | | | | +\$180 | | +\$360 | |
| | | | | | TOTAL | | TOTAL | \$600 |

The Additional Claim fees are being paid by:

- [X] Authorization to charge and/or credit Deposit Account No. 50-1017 (Billing No. 210407.0115) as noted below.
- [X] Any overpayments or deficiencies in the above-calculated fee.
- [X] Additional claim fee in the amount of ~~\$600.00~~ as calculated above.
- [X] Any additional fees required under 37 C.F.R. § 1.16 and/or § 1.17.
- [X] In the event that a Petition for Extension of Time is required, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account.

Respectfully submitted,

Yoshihiro MUSHIKA

Feb. 14, 2007
(Date)

By: Clark Jablon

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CAJ/MJ/msm

VIA EFS

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|-----------------------|------------------|---|----------------------------------|
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| MUSHIKA | | § | |
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AMENDMENT UNDER 37 C.F.R. §1.111

This paper is being submitted in response to the Office Action dated November 15, 2006 and is being timely filed within the shortened statutory period set for a response to the Office Action. An Amendment Transmittal Letter is attached for payment of the excess claim fee. If any additional fee is due, charge the fee to Deposit Account No. 50-1017 (Billing No. 210407.0115).

Please amend the application, without prejudice, as follows:

Amendments to and listing of the Claims begin on page 2 of this paper;

Remarks and Conclusion begin on page 8 of this paper.